

<b>Utah Medicaid Provider Manual</b>	<b>Therapeutic Abortion: Informed Consent</b>
<b>Division of Health Care Financing</b>	<b>October 1998</b>

## Informed Consent to Therapeutic Abortion

Abortion procedures may be authorized only in compliance with Utah Code Annotated 76-7-301 through 76-7-305.5 and with the 42 Code of Federal Regulations Section 441.200 through 441.206 and all applicable amendments.

A. An abortion may be approved for a Medicaid client only after a written informed consent has been obtained by the physician, and only in the following circumstances:

1. The life of the mother would be endangered from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician(s), place the woman in danger of death unless an abortion is performed; or
2. The pregnancy is the result of an act of rape or incest.

B. Consent to an abortion is voluntary and informed only if:

1. At least 24 hours prior to the abortion, the physician who is to perform the abortion, his designated employee or other designated professional shall, in a face to face consultation, inform the patient of:
  - (i) Alternatives to an abortion to include adoption services, including private and agency adoption methods, and a statement that it is legal for adoptive parents to financially assist in pregnancy and birth expenses;
  - (ii) Published material and an informational video provided by the Department of

Health, available in accordance with Utah Code Annotated, Section 76-7-305.5 with medically accurate information regarding abortion procedures, details of the development of an embryo and fetus, and information regarding public and private services and agencies available to assist through pregnancy and childbirth;

- (iii) The nature of the proposed abortion procedure or treatment, specifically how that procedure will affect the fetus, and the risks and alternatives to an abortion procedure or treatment that any person would consider material to the decision of whether or not to undergo an abortion.
- (iv) The possible unfavorable consequences of the abortion procedure arising from such complications as infection, retained tissue, ectopic pregnancy, post abortal syndrome, incomplete abortion, failed abortion, uterine perforation, reaction to medicines, depression, and unforeseeable complications, including the increased risk of pre-existing conditions.
- (v) The nature of the post abortion recovery period, and the importance of a follow up examination after the abortion procedure.

2. The patient certifies in writing, before the abortion, that all of the information outlined above and required to be provided to her, was provided in accordance with regulations.
3. The patient certifies in writing that she has provided her physician with a complete and accurate medical history; that she has disclosed all pertinent information, including any existing conditions about her health.

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4. The physician(s) certifies, in writing, that the patient is capable of giving informed consent and is not mentally retarded or mentally ill.
  5. The patient is given the opportunity to discuss the consent form with her physician and be assured that her questions concerning the abortion procedure will be answered to her satisfaction.
  6. The patient authorizes, in writing, the physician, by name, to perform the specific procedure, by name, upon her, by name, at the place and date it will be performed. She also indicates that she understands that the procedure will terminate her pregnancy, and she has in mind the probability of such a result.
  7. The patient consents, in writing, to performance of the abortion procedure by her physician, and to any other procedure which he deems necessary to accomplish its purpose or to protect her health and well being, including but not limited to making arrangements for transportation to a hospital and any further procedures at the hospital that he or an attending physician may deem necessary. This includes the administration of I.V. fluids and medications.
  8. The patient indicates, in writing that she understands and realizes that the procedure to which she consents requires the cooperation of nurses and assistants. Accordingly, she must give her further consent to ministrations and medical procedures upon her body by all such qualified medical personnel working under the supervision of her physician before, during, and after the abortion procedure is performed.
  9. The patient consents, in writing, to the administration of local anesthesia by her physician, or administration of general anesthesia by a qualified anesthesiologist or nurse anesthetist.
- C. The patient must sign and date the consent form and give her address and telephone number. The consent must also be signed by her physician.